

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16804

State File No.

Registrar's No.

2299

FILED JUN 1943  
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home - 1916 E. 13th /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 24 years  
years, months or days

3. (a) PRINT FULL NAME Herbert A. Ashby

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Anna Ashby 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 30, 1890  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brunswick, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business None

12. Name Alexander Ashby

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Gilliam

15. Birthplace Utica, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Ashby

(b) Address 2615 Park

17. (a) burial (b) Date thereof 5/20/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director Hobbs Bros

(b) Address 1729 Lydia

19. (a) 5-19-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1916 E. 13th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 17, day Monday  
year 1943 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from Apr 5, 1943, to May 17, 1943  
that I last saw him alive on May 17, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration Unknown

Due to 46B

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Dyer (M. D. or other)

Address 196 PN 3rd St. K. C. Mo. Date signed 5/18/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. Jerome Manlove*  
3994

Licensed Embalmer No.

P. O. Address

*2503 Highland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.